US ARMY NONAPPROPRIATED FUNDS - DISPOSITION OF RETIREMENT BENEFITS
For use of this form, see AR 215-3; the proponent agency is DCSPER.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Internal Revenue Service Code, Section 401(a)

PRINCIPAL PURPOSE: The information you provide is for the purpose of preparing a refund of contribution or to process a retirement annuity.

ROUTINE USES: For terminating employees, the information is used to prepare a refund or a deferred annuity as requested. For retiring employees, the information is used to process a monthly annuity payment thereafter. For survivors, the information is used to process survivor benefits.

DISCLOSURE: Disclosure of your social security number and primary insurance amount is voluntary. Disclosure of other personal information is voluntary, however, failure to provide this information within one year of termination of employment will result in automatic refund of contributions and denial of annuity.

SECTION I - GENERAL INFORMATION

EMPLOYEE'S NAME *(Last, first, MI)*   SOCIAL SECURITY NUMBER   DATE OF BIRTH *(Day, Mo, Yr)*

COMPLETE MAILING ADDRESS   AREA CODE/TELEPHONE NUMBER
(   )

SERVICE COMPUTATION DATE   DATE OF SEPARATION AND REASON   ACCUMULATED SICK LEAVE HOURS

EMPLOYING NAF: STANDARD NAF NUMBER

MARITAL STATUS   NAME OF LEGAL SPOUSE *(Last, First, MI)*

_____ NOT MARRIED

_____ MARRIED

SOCIAL SECURITY NUMBER OF LEGAL SPOUSE   DATE OF BIRTH OF LEGAL SPOUSE   DATE OF MARRIAGE

In the event there is no surviving legal spouse, list names and dates of birth of surviving children under age 18 on reverse side with a certified copy of the court document which appointed the legal guardian. The date of marriage and the date*(s)* of birth of the Survivor*(s)* have been verified by satisfactory evidence and the benefit authorized. A certified copy of the Death Certificate and Statement of Survivor*(s)* Social Security Entitlements are attached.

Annuity Benefits resulting from the death of the employee are payable in accordance with the Army NAF Retirement Plan.

SECTION II - RETIREMENT FUND OPTIONS

CHECK ONE:

In accordance with AR 215-3

(   )   I request a refund of my contributions and accumulated interest in full satisfaction of all annuity payable.

(   )   I request my contributions remain in deposit for a maximum of 5 years.

(   )   I request an immediate Annuity *(Normal or Early Retirement)*

(   )   I request a Deferred Annuity payable at age 62.

(   )   I request Disability Retirement.

(   )   I request Disability Retirement due to work related injury.

(   )   I request Survivor Benefits.

SECTION III - EMPLOYEE'S OR SURVIVOR SIGNATURE

SIGNATURE OF EMPLOYEE/SURVIVOR   *DATE*

SECTION IV - VERIFICATION

The above information has been verified from the employee's personnel records and DA Form 3473 coded 04 is attached.

SECTION V - CPO MAILING ADDRESS

SEND OPTION PAPERS TO:

DO NOT USE - FOR OFFICIAL USE ONLY

DATE RECEIVED   DATE PROCESSED   PROCESSED BY

DA FORM 3715-R, NOV 85   EDITION OF FEB 85 IS OBSOLETE.   USAPPC V1.00